



Liability Report



Liability Report Form

INSURED

Insured

Policy No.

Address

Broker

Home Tel. No.

Work Tel. No.

Occupation

VAT Registered: Yes

No

Partial

Loss Date

Time of Loss

Please describe circumstances below and then complete additional relevant sections

Complete Relevant Sections Only

EMPLOYERS LIABILITY

Employees Name

Employees
Date of Birth

Employees Address

Length of service

Was Employment: Full Time
Part Time

Occupation

No. of weekly
hours worked

Location where injury was sustained:

Was the Employee under supervision?

Yes

No

If 'Yes' by whom?

Was the Employee familiar with job being carried out?

Yes

No

Was the Health and Safety Executive informed?

Yes

No

Were the Police informed?

Yes

No

Was the Employee hospitalised?

Yes

No

If you have answered 'Yes' to any of the above please give full details below:

If Employee is/was absent from work and has lost income not covered by the A.W.B. orders then a separate wages statement should be completed (obtainable from your broker)

PUBLIC LIABILITY

Claimant(s) Name

Claimants Address

Where did incident occur?

When did incident occur?

Have there been incidents of this nature before?

Yes

No

If 'Yes' please give full details below:

If caused by escape of cattle, and the fences belonged to you

When were they last inspected?

and/or repaired

If caused by escape of cattle, and fences belonged to a neighbour, please advise name and address of neighbour:

Are you aware when the neighbour last inspected/repared their fences?

If caused by cattle being herded on road please advise:

No. of animals

No. of times animals
herded on this road

No. of drovers

No. of dogs used

Where were drovers and dogs situated in relation to the herd?

POLLUTION

Please advise nature of pollutants:

Quantity of polluting material involved:

If escape of material involved, advise construction of storage facilities:

Has the Environment Agency been informed?

Yes

No

If 'Yes' please give details of name of officers, case references and branch dealing:

If caused by crop spraying, please advise:

Chemicals used:

Quantities used:

Dates of Application:

Were the chemicals being used within the manufacturers guidelines?

Yes

No

Please advise method of application:

Please advise acreage/quantity of crops damaged:

FURTHER DETAILS

DECLARATION

I/WE DECLARE THAT THE PARTICULARS ON THIS FORM ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.
I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED.

Signature of insured

Date

Rural

The Hamlet
Hornbeam Park
Harrogate
HG2 8RE

T: 0344 55 77 177

F: 01423 876 001

E: enquiries@ruralinsurance.co.uk

W: ruralinsurance.co.uk

